Name in Full: John Edgar T Bishop

CERTIFICATE OF DEATH

MARYLAND

Died at: Wye Neck — Town — Queen Anne's — County

Date of death: Month 3 — Day 4 — 1904

Age: Years ~~4~~ — Months 5 — Days 2

Sex: Male — Color or Race: White — Birthplace: Queen Anne's

Occupation: —

Where Residing if not at place of death: Wye Neck

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: Chas E Bishop — Father's Birthplace: Queen Anne's

Mother's Maiden Name: Mary Walcott — Mother's Birthplace: N. Jersey

Name of person giving information: Chas E Bishop — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe — How long: One week

Immediate: Broncho Pneumonia — How long: One week.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A6851B

Name in Full: Wm H. Brierly

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Roberts — County: J. A

Date of death 1904: Month: 3 — Day: 13 — Age: Years: 39 — Months: — Days: 4 2

Sex: Male — Color or Race: White — Birthplace: Pennsylvania

Married, ~~Single~~ or ~~Widowed~~ — Occupation: Tannyfactory

Name of Wife or Husband: Henrietta Clark Brierly

Father's Name: Toby Brierly — Father's Birthplace: Eng.

Mother's Maiden Name: Martha E. Shaw — Mother's Birthplace: Engd

Name of person giving In formation: H. E. Brierly — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Typhoid Fever — How long: Four weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. L. Graham M. D.

Address: Inglesida Md

Accident or Suicide?

LIBRARY BUREAU A83519

Transferred

Name in Full: Mary Brooks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Burrsville Md; County: Frederick

Date of death: 1904; Month: 3; Day: 30; Years: 7; Months: —; Days: 25

Sex: Female; Color or Race: Black; Birthplace: U.S.A.

Occupation: none; Where Residing if not at place of death: Place of death

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: James L. Brooks; Father's Birthplace: U.S.A.

Mother's Maiden Name: Julia Blake; Mother's Birthplace: U.S.A.

Name of person giving Information: James L Brooks; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 6 months

Immediate: Exhaustion; How long: Few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Burrsville Frederick

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: James Carter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Centreville — County: Q. Annes

Date of death: 1904 — Month: Mar — Day: 31 — Age — Years: 15 — Months: 4 — Days: 2

Sex: Male — Color or Race: Black — Birthplace: Q. Annes Co.

Occupation: School boy — Where Residing if not at place of death: Centreville

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John C Carter — Father's Birthplace: Q Annes

Mother's Maiden Name: Nellie Carter — Mother's Birthplace: Q. A. Co

Name of person giving Imformation: John C Carter — How related to deceased: Step father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Influenza — How long: 6 wks

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H D Troy

Address: Centreville Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Wm H. Casko

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died Town: Templeville County: Queen Anne

Date of death 1904 Month: 3- Day: 18 Age Years: 21 Months: 2 Days: 8-

Sex: Male Color or Race: White Birthplace:

Occupation: Lumber dealer Where Residing if not at place of death: -

Married, Single or Widowed: Married Name of Wife or Husband:

Father's Name: Isaac Casko Father's Birthplace: Cecil Co

Mother's Maiden Name: Mr. Isaac Casko Mother's Birthplace: Delaware

Name of person giving Imformation: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suppurative Nephritis How long: 2 weeks

Immediate: Pericarditis (general) How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H W B Conklin M.D.

Address: Templeville, Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A89518

Name in Full: Caroline Chambers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Crumpton — County: Queen Annes

Date of death 1904: Month: March — Day: 21 — Age: Years: 61 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birth-place: Maryland

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband: —

Father's Name: John Rice — Father's Birthplace: Maryland

Mother's Maiden Name: Millie Smith — Mother's Birthplace: Maryland

Name of person giving In formation: Susan A Beale — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 18 Days

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C Glowman MD

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: No Name

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Centreville — County: Q. A.

Date of death: 1904 — Month: 3 — Day: .

Age: Years: Still Born — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: near Centreville

Occupation: none — Where Residing if not at place of death: same

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: John Lee Chance — Father's Birthplace: Md

Mother's Maiden Name: Julia Anders — Mother's Birthplace: Md

Name of person giving Imformation: John Lee Chance — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dead Born — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Centreville

Accident or Suicide? No

LIBRARY BUREAU A6581G

Name in Full: John Clayton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wye Mills — County: Q. A. County

Date of death: Month: 3 — Day: 10 — Years: 65 — Months: — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Q. A. Co

Occupation: Farm Hand — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: Harrod Clayton — Father's Birthplace: Q. A. Co

Mother's Maiden Name: Julia Clayton — Mother's Birthplace: Q. A. Co

Name of person giving Imformation: Capt Robert Skinner — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: Two weeks

Immediate: Pneumonia — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Howard Raymond Dickerson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Ingleside (County) A. A.

Date of death 190 4 — Month: 3 — Day: 14 — Age: Years 2 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Md

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name: Emma Dickerson — Mother's Birthplace

Name of person giving information: Eliza Canaday — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 6 mon.

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. E. Graham M.D.

Address

Accident or Suicide?

LIBRARY BUREAU A09516

Name in Full: W R H Emlen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Queenstown; County: Q a

Date of death: 1904; Month: 3; Day: 12; Age: Years 65; Months 11; Days 29

Sex: Male; Color or Race: White; Birthplace: Kent Island

Occupation: Retired Farmer; Where Residing if not at place of death: Queenstown Md

Married, ~~Single or Widowed~~; ~~Name of~~ Wife or Husband: Cecelia Emlen

Father's Name: Wm J Emlen; Father's Birthplace: K Island

Mother's Maiden Name: Annie E Bryan; Mother's Birthplace: 2 Ohio

Name of person giving Imformation: Wm J Emlen; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris; How long: Suppose 1/2

Immediate: Weakened Heart; How long: 18 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Charles Corkran M

Address: Queenstown Md.

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: Mary Jane Emory

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberland; County: Allegany

Date of death: 1904 Month: 3 Day: 26

Age: Years: 60 Months: — Days: —

Sex: Female

Color or Race: Black

Birthplace: Maryland Co

Occupation: Cook

Where Residing if not at place of death: Cumberland

Married, Single or Widowed:

Name of Wife or Husband: Edw. Emory

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas Thomas

Father's Birthplace: U.S.

Mother's Maiden Name: Mary Thomas

Mother's Birthplace: U.S.

Name of person giving Imformation: Minnie Jefferson

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 7 days

Immediate: Same

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Woodward M.D.

Address: Cumberland

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Zilphman Harrison Gibson

CERTIFICATE OF DEATH

MARYLAND

District: Town: Normanby — County: Queen Annes

Date of death 1904: Month: Mar. — Day: 28 — Age: Years 7 — Months — — Days —

Sex: Male — Color or Race: Colored — Birthplace: Kent Island.

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband:

Father's Name: Jake Zilphman Gibson — Father's Birthplace: Kent Co. -

Mother's Maiden Name: Mary Steele Abney — Mother's Birthplace: " "

Name of person giving In formation: Jane J. Gibson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 4 mos.

Immediate: Renerol Asthenia — How long: 2 years.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr Chas E. Snyder

Address: Stevensville Md.

Accident or Suicide? —

LIBRARY BUREAU A88918

Name in Full: Unnamed

CERTIFICATE OF DEATH

MARYLAND

Died at [illegible] Town | County

Date of death 1904 | Month [illegible] | Day Sunday, March 20 | Age — Years | — Months | — Days

Sex | Color or Race Black | Birthplace

Occupation | Where Residing If not at place of death

Married, Single or Widowed | Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Henry Harris | Father's Birthplace D. C. Md

Mother's Maiden Name Sara Harris D. | Mother's Birthplace D. C. Md

Name of person giving Imformation | How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary abortion | How long

Immediate | How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Lamar Mc Ilvaine

Address [illegible]

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Sara Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville County: Queen Anne's

Date of death 1 90: Month: March Day: 27th Age: Years 24 Months — Days —

Sex: Female Color or Race: Black Birthplace: Queen Anne's Co Md

Occupation: Cook Where Residing if not at place of death

Married, Single or Widowed: Married Name of Wife or Husband: Sara Harris

Father's Name: Jerry Pinkney Father's Birthplace: Q.A.Co Md

Mother's Maiden Name: Lizzie Gibbs Mother's Birthplace: Q.A.Co. Md

Name of person giving Imformation: William Henry Harris How related to deceased: Husband

134

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abortion Natural cause How long

Immediate: Heart failure How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Lane Finlay

Address: Centreville Md

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Hollis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Barclay; County: Queen Anns

Date of death 1904: Month: 3; Day: 31

Age: Years: ; Months: 2; Days: 20

Sex: Male; Color or Race: Colored; Birthplace: Q. A. County

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: William Hollis; Father's Birthplace: Q. A. County

Mother's Maiden Name: Maggie Jeffers; Mother's Birthplace:

Name of person giving information: Levi Cane; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: several days

Immediate: " ; How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Tosley Sudbo

Address: Sudlersville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Emily J Hynson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town Ewing, County Queen Anne

Date of death: Month Mar, Day 24, 1904 — Age: Years 48 (about), Months, Days

Sex: Female — Color or Race: Colored — Birthplace: Queen Anne Co

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: James T. Hynson

Father's Name: Manuel Spencer — Father's Birthplace: Q.A. Co

Mother's Maiden Name: Martha Safford 40 — Mother's Birthplace: Q.A. Co.

Name of person giving Information: James F Hynson — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Uterus — How long: 2 years

Immediate: Asthenia — How long: Several weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W G Simpers

Address: Chestertown, Kent Co

Accident or Suicide? No.

LIBRARY BUREAU A88618

Name in Full: Mary D Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rye Mills — County: [redacted] Co, Md

Date of death 1904: Month: 3 — Day: 23 — Age: Years: 1 — Months: 1 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Talbot Co

Occupation: Child — Where Residing if not at place of death: Queenanne Co

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Clarence Johnson — Father's Birthplace: Queenanne Co.

Mother's Maiden Name: Mary Harris — Mother's Birthplace

Name of person giving Imformation: Wm. E. Roe — How related to deceased: Co Relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old — How long: several days

Immediate: Pneumonia — How long: 4 days

PHYSICIAN OR CORONER

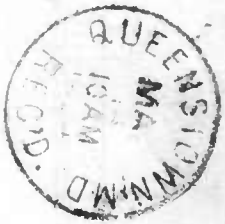
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. Slack M.D.

Address: Rye Mills. Talbot Co. Md.

Accident or Suicide? —

LIBRARY BUREAU A83010



W. C. McConnor

Queenstown

Md

Name in Full: John Lander

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Nye Mills — County: 2 a. av

Date of death 1904: Month: 3 — Day: 29 — Age: Years: 58 — Months: 3 — Days: 5

Sex: Male — Color or Race: White — Birthplace: England

Occupation: Farmer — Where Residing if not at place of death: Near Nye Mills

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Lander

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving Imformation: Mary Lander — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 3 weeks

Immediate: Heart Failure — How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Stack M.D.

Address: Nye Mills, Md.

Accident or Suicide?

LIBRARY BUREAU A8951G

Name in Full A. Lee

Certificate of Death

Died at Town Stevensville County Queen Anne MARYLAND

Date 19 04 Month March Day 20 | Age Y. 48 M. D. | Native of Talbot | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~ None

Husband of
Wife

Father's Name X Lee | Mother's Maiden Name Sarah Green

Cause of Death: Primary Heart disease 79. | How long sick 3 or 4 months.

Immediate Dropsy | Accident, Suicide, Homicide

Reported by Wm. S. Hinkley, M.D.

Address Stevensville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: William Gaylor See

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Barclay; County: Q. A.

Date of death 1904: Month: 3; Day: 14

Age: Years: 1; Months: 6; Days: 6

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Charles W. See

Father's Birthplace:

Mother's Maiden Name: Carrie Talman

Mother's Birthplace:

Name of person giving information: Carrie See

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Accidental Scald

How long: Only a few hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. Abraham M.D.

Address: Ingleside Md

Accident or Suicide?

LIBRARY BUREAU A69516

Name in Full: Franklin Thomas Leiby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Near Browns Corner — Town — 2, a, — County

Date of death 1904 — Month: 3 — Day: 27 — Age: Years — Months: 3 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Browns Corner

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Edward Daniel Leiby — Father's Birthplace: Pa.

Mother's Maiden Name: Gertrude Marion — Mother's Birthplace: Md.

Name of person giving Imformation: Edward D. Leiby — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 months

Immediate: Convulsions — How long: a few minutes

Are the name, age, sex, color, date and place correctly given above? The Dr had not only seen child once

Signature of Physician: R W Ebbis

Address: Centreville

Accident or Suicide? Not recently

LIBRARY BUREAU A88815

Name in Full: Wm Harry Lucas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Dunkirk — County: Ca

Date of death: Month: 3 — Day: 27 — Years: Age 20 — Months: 9 — Days: —

Sex: Male — Color or Race: White — Birthplace: Ca Co

Occupation: Laborer — Where Residing if not at place of death: Near Dunkirk

Married, Single or ~~Widowed~~ — Name of ~~Wife~~ or Husband:

Father's Name: John H Lucas — Father's Birthplace: Balto Md

Mother's Maiden Name: Wesley Moore — Mother's Birthplace: Del

Name of person giving Imformation: John H Lucas — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Exposure — How long:

Immediate: Phthisis Pulmonalis — How long: Four months.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Greenstone, Md.

Accident or Suicide?

LIBRARY BUREAU A09513

Name in Full: Florence Merchant

CERTIFICATE OF DEATH

MARYLAND

Died ~~at~~ near Town: Ruthsburg County: Queen Anne

Date of death 1904	Month	Day	Years	Months	Days
	3	9	Age 4		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: White

Birthplace: Queen Anne Co

Occupation: none

Where Residing if not at place of death: At place of death

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: John J Merchant

Father's Birthplace: Queen Anne Co

Mother's Maiden Name: Jennie Merchant

Mother's Birthplace: Queen Anne Co

Name of person giving Imformation: John J Merchant

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gangrenous Stomatitis

How long: 10 days

Immediate: Septicemia

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M Goodman M.D.

Address: Centreville Md

Accident or Suicide? no

Queen Anne Co,

LIBRARY BUREAU A88616

Transferred

Name in Full: Essie Montgomery

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Hancock — Town | Washington — County

Date of death 1904: Month: March — Day: 17 — Age: Years: 39 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name: Susan Green — Mother's Birthplace: Kentucky

Name of person giving information: Sudan Green — How related to deceased: Wife

CAUSES OF DEATH

Primary: Acute Tuberculosis — How long: Four weeks

Immediate: Meningitis — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. T. Henry M.D.

Address: Hancock Md.

Accident or Suicide? No

LIBRARY BUREAU A33516

Name in Full: Nelson Chesterfield Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Centreville — County: Queen Anne

Date of death: Month: 3 — Day: 12 — Age: Years: — Months: 7 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Near Centreville

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Rolan Morris — Father's Birthplace: Md

Mother's Maiden Name: Addie Warner — Mother's Birthplace: "

Name of person giving Imformation: Rolan Morris — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIE

CAUSES OF DEATH

Primary: Broncho-Pneumonia — How long: 10 Days

Immediate: same — How long: same

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Woodrow Mills

Address: Centreville Queen Anne

Accident or Suicide? No

LIBRARY BUREAU A8818

Name in Full: Geo. Montgomery Pinder

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Star — (County): Queen Anne

Date of death 190 4: Month: March — Day: 20 — Age: Years: 3 — Months: 9 — Days: 3

Sex: Male — Color or Race: Colored — Birthplace: Ruthsburg

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: E. Asberry Pinder — Father's Birthplace: Hye Mills, Md.

Mother's Maiden Name: Mary Elizabeth Wright — Mother's Birthplace: Md.

Name of person giving information: Chas. Asberry Pinder — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Scrofula — 35 — How long: 3 Months

Immediate: Acute Bronchitis — How long: one week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H Fenby

Address: Ruthsburg Maryland

Accident or Suicide?

LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Name in Full: Emily A. Price

Died at (Town): Starr | County: Queen Anne

Date of death 1904 | Month: Mch. | Day: 2 | Age: Years 68 | Months 2 | Days —

Sex: Female | Color or Race: American | Birthplace: Queens Anne

Occupation: House Keeper | Where Residing if not at place of death: Starr

~~Married, Single~~ or Widowed | Name of Wife or Husband: Geo E. Price

Father's Name: Williamson | Father's Birthplace: Queen Anne Co

Mother's Maiden Name: — — — — | Mother's Birthplace: — —

Name of person giving Information: Casper Price | How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency | How long: 10 yrs

Immediate: Heart Failure | How long: Few minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Cochran M.D.

Address: Centreville Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Mable Roberts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Centreville; County: Queen Anne

Date of death: Month: 3; Day: 20; Years: 1; Months: 1; Days: —

Sex: Female; Color or Race: Negro; Birthplace: Georgia Neck

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas Roberts; Father's Birthplace: Md

Mother's Maiden Name: Addilade Jackson; Mother's Birthplace: "

Name of person giving Imformation: Chas Roberts; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe; How long

Immediate: Don't know; How long: Did not dr[illegible] Child for 3 mos before death

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J Lan Fooks

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Centreville — (County) Queen Anne

Date of death	Month	Day	Years	Months	Days
1904	3	27	Age Died Born	—	—

Sex: Female — Color or Race: white — Birthplace: Centreville

Occupation: none — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: George Robinson — Father's Birthplace: Md.

Mother's Maiden Name: Florence Virrell — Mother's Birthplace: Md.

Name of person giving Imformation: George Robinson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible] M.D.

Address: Centreville Md

Accident or Suicide? no

LIBRARY BUREAU A88016

Name in Full: Fanny Scott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wye Mill — County: Queen Anne's

Date of death: 1904 — Month: Mar — Day: 12 — Years: Age 16 — Months — Days

Sex: Female — Color or Race: Cold — Birthplace: Queen Anne's

Occupation: domestic — Where Residing if not at place of death: Wye Mill

Married, Single or ~~Widowed~~: Single — Name of Wife or Husband: —

Father's Name: Eza Scott — Father's Birthplace: Queen Anne's

Mother's Maiden Name: Rachell Carr — Mother's Birthplace: Queen Anne's

Name of person giving Information: Emanuel Scott — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Child Birth — How long: —

Immediate: Eclamtia — How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Stafford M.D.

Address: Wye Mills Md.

Accident or Suicide?

LIBRARY BUREAU A58316

Name in Full: Henry Victor Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Ralphs Wharf; County: Queen Anne's Co

Date of death 1904: Month: 3; Day: 16

Age: Years: 6; Months: 6; Days: 20

Sex: Male

Color or Race: White

Birthplace: Queen Annes Co

Married, Single or Widowed: ——

Occupation: ——

Name of Wife or Husband: ——

Father's Name: Wm Henry Smith

Father's Birthplace: Kent Co

Mother's Maiden Name: Ann A Fields

Mother's Birthplace: Kent Co

Name of person giving Information: Richard Fields

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever

How long: 29 Days

Immediate: Heart failure from Sepsis

How long: 3 Days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Frank Hennis

Address: Chestertown Md

Accident or Suicide? ——

LIBRARY BUREAU A88516

Name in Full: Joseph Brown Sparks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Sudlersville	(County)	Queen Anne's		
Date of death 1904	Month: March	Day: 2	Age: Years: 45	Months: 4	Days: 22
Sex	male	Color or Race	white	Birthplace	Sudlersville
Married, Single or Widowed	married	Occupation	General work		
Name of Wife or Husband	Sarah Jane Sparks				
Father's Name	Joseph B. Sparks			Father's Birthplace	Sudlersville
Mother's Maiden Name	Sarah R. Walls. 47			Mother's Birthplace	Sudlersville
Name of person giving information	Carrie V. Brown.			How related to deceased	sister.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Acute Inflammatory Rheumatism	How long	10 days
Immediate	Endocarditis and Meningitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Fred Sudler
		Address	Sudlersville Md.
Accident or Suicide?			

LIBRARY BUREAU A83516

Name in Full: Victor N. Stansbury

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stevensville — County: Md

Date of death	Month	Day	Age: Years	Months	Days
1901	3	8	17		

Sex: Male

Color or Race: Colored

Birthplace: Kentucky

Occupation: Oysterman

Where Residing if not at place of death: "

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Clay Stansbury

Father's Birthplace: Kentucky

Mother's Maiden Name: Eden Quarrels

Mother's Birthplace: "

Name of person giving Information: Clay Stansbury

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: about 8 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C Percy Kemp

Address: Stevensville Md.

Accident or Suicide?

LIBRARY BUREAU A83510

Name in Full: Floyd Stewart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Billingsley — County: Queen Anne.

Date of death 1904: Month: March — Day: 13 — Age: Years: 71 — Months: 1 — Days: 3

Sex: Male — Color or Race: Black — Birthplace: Md.

Married, ~~Single~~ or Widowed — Occupation: Laborer

Name of Wife or Husband: Rachel Stewart

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Unknown — Mother's Birthplace: —

Name of person giving information: William Stewart — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma. Colon — How long: 18 months

Immediate: Exhaustion — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm F. Miller

Address: Hillsboro Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Julia Farr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyde Store — County: 2 A. County

Date of death: Month: 3 — Day: 17 — 1904

Age: Years: 49 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Prince Geo

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Edward Farr.

Father's Name: Felix Hanny — Father's Birthplace: Md

Mother's Maiden Name: Sarah Blunt — Mother's Birthplace: "

Name of person giving Imformation: J R Simmons — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Eliminatis — How long: One year

Immediate: Nervous Prostration — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Howard R. Hopkins

Address: Leonardtown Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Charles Thomas

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Burrsville

County: Jeane Anne

Date of death: Month: Mch; Day: 1; Year: 1904

Age: Years: 12; Months: —; Days: —

Sex: male

Color or Race: Negro

Birthplace: Jeane Anne Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dont Know

Father's Birthplace: — —

Mother's Maiden Name: Dont Know

Mother's Birthplace:

Name of person giving Imformation: Harrison Smith

How related to deceased: not at all

CAUSES OF DEATH

Primary: Subject to fits — How long: 12 years

Immediate: Died in fits — How long: 2 Days

Are the name, age, sex, color, date and place correctly given above? supposed to be

PHYSICIAN OR CORONER

Signature of Physician: none

Address: Centreville md

Jos. G Dawson

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: John R. Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Winchester — (County): Queen An

Date of death 1904 — Month: 3 — Day: 26 — Years: 63 — Months: 7 — Days: —

Sex: Male — Color or Race: White — Birthplace: Kentisland

Occupation: Oysterman — Where Residing if not at place of death: Not Winchester

Married, Single or Widowed — Name of Wife or Husband: Sarah Thomas

Father's Name: John Thomas — Father's Birthplace: Kentisland Md

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Jas Collier — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Typhoid fever — How long: Three weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Howard R. Hopkins,

Address: Queenstown, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A0010

Name in Full: John W Wecks

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chester — County: Queen Anne

Date of death: 1904 — Month: 3 — Day: 5 —

Age — Years: — Months: 2 — Days: 12

Sex: Male — Color or Race: Color — Birthplace: Kent Island

Occupation: — Where Residing if not at place of death: John Wecks

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: John Wecks — Father's Birthplace: Kent Island

Mother's Maiden Name: Ruby Brooks — Mother's Birthplace: Baltimore

Name of person giving Imformation: John Wecks — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: consumption — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. C. Thomas Jr undertaker

Address: Stevensville

Accident or Suicide?

LIBRARY BUREAU A6B916

Name in Full: Caroline White

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Star; County: Queen Anne

Date of death 1904: Month: March; Day: 25

Age: Years: 77; Months: 10; Days: 2

Sex: Female

Color or Race: Colored

Birthplace: Star Md.

Married, Single or Widowed: Widow

Occupation: Wash woman

Name of ~~Wife or~~ Husband: John H. White

Father's Name: Joseph Carter

Father's Birthplace: Star Md.

Mother's Maiden Name: not known

Mother's Birthplace: not known

Name of person giving Information: Alexander White

How related to deceased: Grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility from old age — How long: 10 years

Immediate: Dropsy from weak heart action — How long: one month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Tenly

Address: Ruthsburg Md.

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: Cornelius Compromo C Higgins

CERTIFICATE OF DEATH

MARYLAND

Died at: Sudlersville (Town) — Q.A.Co (County)

Date of death 1904: Month: Mar — Day: 14 — Years: 85 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Unknown

Married, Single or Widowed: Widower — Occupation: Farmer

Name of Wife or Husband: Sarah Higgins

Father's Name: Charles Higgins — Father's Birthplace: Unknown

Mother's Maiden Name: Mc Cohagy — Mother's Birthplace: Unknown

Name of person giving In formation: Mary Anderson — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: Several Years

Immediate: General debility and Exhaustion — How long: about one Year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Foster Sudler

Address: Sudlersville Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mary E. Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hebbinstage — County: Queen Annes

Date of death: Month: 3 — Day: 8 — Years: 89 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Balto. Md.

Occupation: Lady — Where Residing if not at place of death: Balto. "

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wm Elie Williams — Father's Birthplace: Md

Mother's Maiden Name: Susan Paisley Cooke — Mother's Birthplace: Balto. Md

Name of person giving Imformation: Susan Williams — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach — How long: 7 years

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno S Bordley M.D

Address: Centreville Md,

Accident or Suicide?

LIBRARY BUREAU A83010

Name in Full: Ross Hillbanks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Crumpton — County: Queen Annes

Date of death 1904: Month: 3 — Day: 29 — Age: Years: 32 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: Farmer

Name of Wife or Husband:

Father's Name: O & Hillbanks — Father's Birthplace: Maryland

Mother's Maiden Name: Tizzie Hamilton — Mother's Birthplace: Maryland

Name of person giving Information: O & Hillbanks — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: Six Months

Immediate: Consumption — How long: Six Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N Comegys MD

Address: Millington Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86316

Name in Full: Ida May Wright

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rutherburg — County: Queen Annes

Date of death 190 4 — Month: March — Day: 3

Age — Years: — Months: 6 — Days: 14

Sex: Female

Color or Race: Colored

Birthplace: Hayden, Md.

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

Father's Name: Albert Wright

Father's Birthplace: Roe, Md.

Mother's Maiden Name: Maggie Baldsborough

Mother's Birthplace: Hayden, Md

Name of person giving information: albert Wright

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary / Immediate: Acute Bronchitis

How long: one week

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Fenby

Address: Rutherburg, Md.

Accident or Suicide?

LIBRARY BUREAU A66518